



<i>Index of Claims</i> 	Application/Control No. 09849637	Applicant(s)/Patent Under Reexamination MALONEK ET AL.
	Examiner George R Evanisko	Art Unit 3762


✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE					
Final	Original						
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
2	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	32						
	33						
	34						
	35						
	36						

<i>Index of Claims</i> 	Application/Control No. 09849637	Applicant(s)/Patent Under Reexamination MALONEK ET AL.
	Examiner George R Evanisko	Art Unit 3762

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
CLAIM		DATE					
Final	Original						
	37						
	38						
	39						
	40						
3	41						
	42						
1	43						
4	44						
	45						
	46						
	47						
	48						
	49						
	50						
	51						
	52						
	53						
	54						
	55						
	56						
	57						
	58						
	59						
	60						
	61						
	62						
	63						
	64						
	65						
	66						
	67						
	68						
	69						
	70						
	71						
	72						

Index of Claims 	Application/Control No. 09849637	Applicant(s)/Patent Under Reexamination MALONEK ET AL.
	Examiner George R Evanisko	Art Unit 3762

✓	Rejected	-	Cancelled	N	Non-Elected	A	Appeal
=	Allowed	÷	Restricted	I	Interference	O	Objected

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
CLAIM		DATE							
Final	Original								
	73								
5	74								
6	75								
7	76								
8	77								
9	78								
	79								
10	80								
	81								
11	82								
	83								
12	84								
	85								
13	86								
17	87								
18	88								
19	89								
20	90								
21	91								
22	92								
23	93								
24	94								
25	95								
26	96								
14	97								
15	98								
16	99								
27	100								
29	101								
30	102								
28	103								